Approved by OMB 3060-0076
Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden]

New Florence Telephone Company PO Box 49 Oregon MO 64473	Telep egon	MO 64	ompa 473	ny				v					IS a	Check here if this is a change of address.	V
2 Year Report Filed 2019		3. Reportin Period C 1/26/	Reporting Period (En Period Covered by Ra 1/26/2019	Reporting Period (Ending Date of Pay Period Covered by Report)	ay		4. Number Reporting	4. Number of Full-Time Employees during Selected Reporting Period (check one): a.	mployees du ;k one); complete Sec	ring Selected	nd V only)				
SECTION II - Full-Time Employees.	ees.						1			1					
							(Report emp	Number of Employees (Report employees in only one category	one category	3					
Job								Race/Ethnicity	Y						
Categories	I	Hispanic or						Not-Hispar	Not-Hispanic or Latino						Total
		Comac			Мане	ile					Female	ale			Columns A - N
	Male	Female	White	Black or African American	Native Hawaiian or Other Pacric Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African Amencan	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	
	Þ	в	n	O	m	FI	ຄ	I	-	٢	*	-	2	z	0
Executive/Senior Level Officials and Managers			2						2						4
First/Mid-Level Officials and 1	1.2														0
Professionals	2		_												_
Technicians	ω		1												_
Sales Workers	4														0
Administrative Support Workers	O								5						5
Craft Workers	o o														0
Operatives	7														0
Laborers and Helpers	Ċ														0
Service Workers	9		6												0
TOTAL 10	0	0	10	0	0	0	0	0	2	0	0	0	0	0	17
			10						7						17

Date Typed or Printed Name of Person Signing		SECTION V - Certification I certify that to the best of my knowledge, information, and belief, all statements in this report are true and correct.	The state of the s	(Attach a list indicating parties involved, date filed, courts or agencies before which the matter has been heard, file number or other designation, and current status or disposition.	This is to advise the Commission that the following complaints alleging violations of the provisions of any equal employment opportunity statute have been filed against this company.	This is to advise the Commission that no complaints regarding violations of the equal employment provisions of Federal, state, territonal, or local statutes have been filed against this company before any body having competent jurisdiction in such matters during the calendar year covered by this report.	SECTION IV - Report of Discrimination Complaints Pursuant to 47 CFR 22.321, 23.55, 90.168, 101.4, and 101.311.	PREVIOUS YEAR TOTAL 11	TOTAL 10 0 0	Service Workers 9	Laborers and Helpers 8	Operatives 7	Craft Workers 6	Administrative Support 5	Sales Workers 4	Technicians 3	Professionals 2	First/Mid-Level Officials and 1.2	Executive/Senior Level Officials and Managers	A B	Male Female	Ldux	ies	Job	
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ents in this re	ents in this re		6	gencies befor	s alleging viola	g violations of ch matters du	R 22.321, 23.		0							3				0	Black or African American				
port are true a	port are true a			e which the ma	ations of the pr	the equal empring the calend	55, 90.168, 10		0											E	Native Hawaiian or Other Pacific Islander	_			
Signature	nd correct.			atter has been	ovisions of an	oloyment provi tar year coven	1.4, and 101.		0											FI	Asian	Male			
		icald, live inc	heard, file nu	y equal emplo	sions of Federed by this repo	311.		0										G	6	American Indian or Alaska Native				(Report emp	
			mber or other	yment opport	al, state, terri xrt.			0											H	Two or more races		Not-Hispar	Race/Ethnicity	Number of Employees (Report employees in only one category)	
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				tatus or dispo-	d against this	e been filed aç			0											*	Native Hawaiian or Other Pacific Islander	Fe			
Telephone No.			sition.	company.	painst this			0		17									١	Asian	Female				
								0											Z	American Indian or Alaska Native					
						0											z	Two or more races							
								2	1	0	0	0	0	_	0	0	0	0	0	0		Columns A - N	Total		